



# The Commonwealth of Massachusetts

## Executive Office of Public Safety

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Lieutenant Governor

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Chairman

THOMAS L. ROGERS  
Administrator

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**SIX (6) COPIES OF THE COMPLAINT MUST BE SUBMITTED**

### Construction Supervisor License Complaint Form

<b>This Section for State Use Only:</b>	<b>COMPLAINT NUMBER</b>	
Complaint Received: _____		License Number: _____
State Inspector Assigned: _____		Expiration Date: _____
Date Assigned: _____		DPS Recommendation:
Report Received: _____		Hearing <input type="checkbox"/> Dismiss <input type="checkbox"/>

**Please Print**

#### **Complainant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

#### **Property Location:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Construction Supervisor License Holder:**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

#### **Nature of complaint:**

On the reverse side of this sheet, please provide details of your complaint (use additional sheets as required) Please type or print legibly. **Complaints must cite violations of the Massachusetts State Building Code. COMPLAINTS WHICH DO NOT CITE VIOLATIONS OF THE BUILDING CODE ARE BEYOND THE JURISDICTION OF THE LICENSE REVIEW COMMITTEE AND WILL BE DISMISSED ACCORDINGLY.** Include a copy of the building permit application and copies of all other documentation or reports which support your complaint. Return **SIX** copies of the complaint to:

**BOARD OF BUILDING REGULATIONS AND STANDARDS  
LICENSE REVIEW COMMITTEE  
ONE ASHBURTON PLACE, ROOM 1301  
BOSTON, MA 02108**

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.